

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214525941				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Midwest Loan Services, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MI</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2014</p> <p>SCC ID NO: F1897497</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	100,000
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COMMON	100,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 616 SHELDEN AVENUE Suite 300</p> <p style="text-align: center;">CITY/ST/ZIP: HOUGHTON, MI 49931</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: EDWARD BURGER TITLE: DIRECTOR ADDRESS: 616 SHELDEN AVENUE SUITE 300 CITY/ST/ZIP/CO: HOUGHTON, MI 49931 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: EDWARD BURGER TITLE: DIRECTOR ADDRESS: 616 SHELDEN AVENUE SUITE 300 CITY/ST/ZIP/CO: HOUGHTON, MI 49931	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TAMI HALEY JANOWICZ DIRECTOR 2015 WASHTENAW AVE. ANN ARBOR, MI 48104	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY REVORD DIRECTOR 2015 WASHTENAW AVE. ANN ARBOR, MI 48104	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Peter T Sorce PRESIDENT 616 Shelden Ave Suite 300 Houghton, MI 49931	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LOUISE COLLINS		LOUISE COLLINS, SECRETARY	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		5/19/2014	
		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			